



Humility of Mary Shelter, Inc.
...because our community cares

Automatic Deduction Form

Name as checks are signed _____

Amount \$ _____ Checking Savings

Start Date _____ Please deduct above amount on the 10th _____ or 26th _____
 Place a ✓ by the date you want the withdrawal from your account.

Name of the Financial Institution _____

Address of Financial Institution _____

As a convenience to me, I hereby request and authorize Humility of Mary Shelter, Inc. to withdraw from my account electronic transactions in the amount stated above, payable to the order of Humility of Mary Shelter, Inc. provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that Humility of Mary Shelter, Inc. rights in respect to each such check shall be the same as if it were a check signed personally by me. The authority is to remain in effect until revoked by me in writing, and until Humility of Mary Shelter, Inc. actually receives such notice I agree that Humility of Mary Shelter, Inc. shall be fully protected in honoring any such check. I further agree that if any such check be dishonored, whether with or without cause and whether intentionally or inadvertently, Humility of Mary Shelter, Inc. shall be under no liability whatsoever.

When the transfer process has been initiated, Humility of Mary Shelter, Inc. will send an acknowledgement of your donation. As a monthly donor you will receive the two newsletters published each year plus the Annual Report. In January you will receive a letter from Humility of Mary Shelter, Inc. verifying your gifts for tax purposes.

Date _____ Sign as you sign on your checks _____

Print Name _____

Any changes in the amount, day of the month, account number or bank should be communicated promptly to Humility of Mary Shelter, Inc. office, 563/322-8065.

ATTACH VOIDED CHECK OR DEPOSIT SLIP FOR THE ACCOUNT LISTED ABOVE